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Held at Headquarters, New York,
on Monday, 13 July 1992, at 10 a.m.

President: Mr. MROZIEWICZ (Poland)

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The meeting was called to order at 10.25 a.m.

COORDINATION OF THE POLICIES AND ACTIVITIES OF THE SPECIALIZED AGENCIES AND OTHER BODIES OF THE UNITED NATIONS SYSTEM RELATED TO THE FOLLOWING THEMES:

(a) ASSISTANCE IN THE ERADICATION OF POVERTY AND SUPPORT TO VULNERABLE GROUPS, INCLUDING ASSISTANCE DURING THE IMPLEMENTATION OF STRUCTURAL ADJUSTMENT PROGRAMMES (continued) (E/1992/27 and 47)

Mr. BARNETT (United Kingdom) said that, notwithstanding his delegation's appeal for the advance issuance of statements by executive heads of specialized agencies, very few such statements had been made available. He urged those concerned to issue the statements in good time.

The PRESIDENT appealed to the heads of the specialized agencies to make their statements available before delivery.

Ms. SANTANA (Observer for Venezuela) said that there was increasing recognition of the link between poverty and peace and security, and that the eradication of poverty had become a new priority development goal. It was discouraging that about 1 billion people lived in poverty, an ominous figure given that peace and prosperity were inextricably linked.

Effective international cooperation was needed for the elimination of poverty. The phenomenon not only directly affected the developing countries, but also had an impact on the developed countries in terms of, for example, refugee flows as a result of social conflict in developing countries. There was no doubt that standards of living were an important political issue. With the decline in military expenditure and the promotion of human rights and democracy, the role played by the United Nations in questions relating to all aspects of security was increasing.

For there to be enduring peace, peace-keeping operations must be followed up by programmes that would build peace. The time had come to stress the preventive role of the United Nations system in dealing with issues relating to peace and security, including economic and development issues, in an endeavour to avert crisis situations.

(Ms. Santana, Observer, Venezuela)

The structural adjustment programmes implemented in the 1980s had resulted in an unprecedented social cost for the poorer elements of society, a situation which, in essence, posed a threat to democracy. Venezuela had witnessed the negative impact of structural adjustment policies on the poor. There was no doubt that whatever their long-term benefits, in the short term they depressed living standards for many and put democratic institutions under strain. In response, her Government had initiated social policies to counter the negative impacts of Venezuela's structural adjustment programme, with the focus on education, health and social development and social infrastructure. Venezuela's combination of a vigorous economic policy with a social dimension could well serve as a model for others.

There was a need for greater fairness in the international economic system with renewed emphasis on economic growth and the solution of social problems; only thus would wealth be guaranteed and poverty eradicated. It was important for there to be effective coordination among the specialized agencies, with a clear statement of the competence of each, so as to maximize the impact of scarce resources. Country-specific indicators needed to be prepared and information exchanged as a prelude to devising strategies, with full government participation, that would end poverty.

Ms. ROTHEISER (Austria) said that the eradication of poverty was one of the most fundamental goals of the United Nations system and of development cooperation. Her delegation welcomed the recommendations made regarding coordination among the specialized agencies. Those agencies that had not yet indicated their coordination objectives should associate themselves with the collaborative endeavours under way.

Given that poverty affected a disproportionate number of women, particularly in rural areas, the advancement of women played an important role in the fight against poverty. She welcomed the focus on that issue by the Commission on the Status of Women, and trusted that the 1995 world conference on women would take a similar approach. Her delegation felt that the proposal to appoint poverty coordinators at the agency level deserved further consideration.

Mr. BARNETT (United Kingdom), speaking on behalf of the 12 States members of the European Community, said that while national Governments had primary responsibility for devising national strategies for poverty eradication, in some instances United Nations assistance was needed. In that connection, the Organization must promote coordination and an integrated approach, including at the field level.

The concept of system-wide coordination, however, did not imply system-wide strategies, which would be of limited utility given the disparate nature of the problem. It was important for any guidelines to be flexible. One approach might be to indicate which activities had been successful and which had not, so that participants throughout the system could learn from the experience. The Administrative Committee on Coordination had an important role in that regard, while States could ensure appropriate input through the United Nations Conference on Trade and Development.

Mr. GZARKOWSKI (Poland) said his delegation endorsed the view that poverty eradication was an essential pillar of development. In that connection, the countries in transition towards market economies were experiencing dislocation with consequent reductions in standards of living.

It was obvious that more coordination was required both in programmes directly aimed at poverty eradication and in programmes for which poverty eradication was a secondary aspect. Guidelines would be one way to tackle the problem. Another way would be to seek to avert situations which led to poverty, an approach in which the United Nations had a role to play. Thought might be given to the incorporation of poverty eradication elements into operational activities, an approach which would both increase the effectiveness of the system and make it easier to attain development goals.

Mr. ETEFFA (Ethiopia) said it was apparent that poverty was not an isolated phenomenon. The causes, which included economic inequality and social injustice, were complex and varied. Poverty led to violence and strife, which in turn, increased poverty. Any consideration of poverty eradication should, accordingly, focus on the underlying causes in a comprehensive manner. Non-governmental organizations had a role to play in dealing with such problems.

(Mr. Eteffa, Ethiopia)

Greater emphasis should be placed on conflict resolution, which was a more cost-effective approach than peace-keeping. Consideration should be given to entrusting a broader range of responsibilities in the area of conflict resolution and mediation to a single Secretariat unit, which could interact with non-governmental organizations and lend support to regional peacemaking initiatives. The latter, in particular, were of particular importance since local knowledge was invaluable. A task force could be established to consider those issues.

Mr. ARCILLA (Philippines) said that it was not clear to his delegation whether other delegations intended there to be system-wide action other than coordination.

Mr. AHMED (Executive Secretary, Economic and Social Commission for Asia and the Pacific) said that most of the world's poor lived in Asia and the Pacific, notwithstanding the economic growth attained in the region.

The Economic and Social Commission for Asia and the Pacific (ESCAP) had decided to establish a committee to consider questions relating to poverty alleviation through economic growth and social development, a step which would entail some revision of the work of ESCAP and of the medium-term plan as it related to the Commission. Emphasis would be placed on growth strategies with a view to alleviating poverty, on the social costs of economic policy, on sustainable development and on social policy and vulnerable groups in poor areas. The new committee would consider policies at the regional level, since there was an obvious regional dimension which needed to be taken into account. The Council was no doubt aware of the decision to establish a broader-based body under the aegis of the Trade and Development Board. In that connection, it was important to ensure that there was no overlapping of mandates.

Attention should now be focused on how secretariats could support government action. In that regard, it was important for medium-term plans, as frameworks for action, to be applied flexibly, in the sense of guidelines as called for by the representative of the United Kingdom. In the ESCAP area, the first step would be for the Governments of the region to agree on a common

(Mr. Ahmed)

strategy, during the course of which Governments could learn from each other in terms of past successes and failures of poverty alleviation initiatives.

Mr. KHAN (Department of Economic and Social Development), replying to the representative of the Philippines, said that the main thrust of the Secretary-General's report (E/1992/47) was to envisage a system-wide framework for poverty eradication. Consultations during the preparation of the report had shown the need to achieve a broad and flexible approach in order to ensure operational impact, while recognizing the fact that many agencies and organizations were already actively pursuing programmes of poverty alleviation. In that connection, mention could be made of the operational guidelines set forth in the Poverty Reduction Handbook prepared by the World Bank, and the strategies emerging from the high-level meeting of the Joint Consultative Group on Policy (JCGP) held in 1990 to discuss the problem.

The analysis in the Secretary-General's report was based on three main aspects of coordination: firstly, the broad objectives and principles of the approach to poverty alleviation, which were based on a wide range of policies aimed at generating employment; secondly, the identification of problems at the country level; and thirdly, monitoring of programmes, projects and activities. With those criteria in mind, it might be possible to establish a practical framework for common action at the field level throughout the system. Although he could understand the reservations expressed by some delegations, the need for a common operational approach seemed to be generally recognized.

Mr. SETH (Ind:) asked the representatives of the Bretton Woods institutions, and the World Bank in particular, what prospects there were for the tenth replenishment of funds for the International Development Association, or at least of maintaining those funds in real terms at the same level as the ninth replenishment, in view of the complex nature of poverty alleviation and the need for country-specific programmes.

Mr. ARCILLA (Philippines) said that the clarification just provided by the representative of the Department of Economic and Social Development seemed to indicate that the system-wide programme for action implied coordination of policies in respect of poverty eradication, and the issue now at stake was to ensure the effectiveness of that coordination. One possible mechanism was to designate coordinators for poverty-related programmes in each of the agencies involved.

Mr. ORLIANCE (France) said that he agreed with the concern expressed by the representative of India regarding the tenth replenishment of the Industrial Development Association.

He was not entirely persuaded by the Secretariat's explanation regarding the justification for an overall operational framework: paragraphs 105 to 108 of the Secretary-General's report on coordination appeared to indicate that there was substantial agreement on priorities and that structures were already in place, but paragraph 109 went on to state starkly that those mechanisms were inadequate. There thus seemed to be some measure of inconsistency.

The proposal to designate coordinators for poverty-related programmes was open to the objection that their appointment could lead to an overlapping which would not necessarily benefit the recipient countries.

Mr. KHAN (Department of Economic and Social Development) said that paragraphs 105 to 108 outlined the existing approach and mechanisms, whereas paragraph 109 set out some of the shortcomings experienced in coordinating the response to the problem of poverty. Inevitably, a relatively brief report could not go into great detail, but subsequent paragraphs did indicate some of the areas in which improvements could be introduced, in particular in harmonizing programmes and synchronizing agency programming cycles and coordinating national programmes with those cycles, and the need for data collection and the identification of social indicators. The delegations of the Philippines, Pakistan, the United Kingdom and other Member States had made useful suggestions in that regard.

Mr. HADDAD (World Bank), replying to the question by the representative of India concerning the replenishment of IDA funds, said that a meeting had recently been held in Dublin at which the Bank had presented two

(Mr. Haddad, World Bank)

possible options. The first would involve a figure of approximately $13 billion, the amount needed to ensure that the replenishment was equivalent in real terms to the previous one. The second option would involve a figure of $16.5 billion, designed to take into account a number of considerations, including the fact that certain countries not eligible for IDA funds when the current replenishment had been negotiated had now become eligible. In addition, two or three new countries would be eligible for funds, and provision needed to be made for the Environment Fund. There had been a consensus in Dublin in favour of the first option, but another meeting was to be held in September before the final decision was taken by the IDA Board of Governors at the annual meeting.

(b) PREVENTION AND CONTROL OF HIV/AIDS AND PROGRAMMES ADDRESSED TO THE MITIGATION OF ITS NEGATIVE SOCIO-ECONOMIC CONSEQUENCES (E/1992/67; E/1992/NGO/1, 3 and 6)

Dr. MERSON (World Health Organization), introducing the subtopic on behalf of the Secretary-General, who was also the Chairman of the Administrative Committee on Coordination, said that the pandemic of AIDS (acquired immune deficiency syndrome) had emerged during the 1980s as a major threat to the health, development and survival of individuals and societies around the world. As the epidemic entered its second decade, its dimensions had become clearer, and it was clear that in some regions, and especially in Asia, it was still in its early stages. What was not yet certain was how many millions of people during the 1990s would be newly infected with the human immunodeficiency virus (HIV) that caused AIDS, a factor that would be greatly influenced by the political commitment and financial resources given to national AIDS control programmes in the months and years ahead.

The World Health Organization (WHO) estimated that by the year 2000, there would be a cumulative total of 30 to 40 million men, women and children infected with HIV, and 12 to 18 million persons with AIDS. The number of AIDS cases during the 1990s would be 10 times greater than during the 1980s. What those statistics meant in human terms was almost unimaginable for those who had not seen the epidemic at first hand. In parts of Africa, elderly people were being left without support as their grown children sickened and died, and

(Dr. Merson, WHO)

whole families and even villages were dying out. The burden on women, who were often called upon to provide care for their loved ones while being ill themselves, was unbearable; children who had lost their parents to AIDS were being abandoned as orphans or left with grandparents who could scarcely fend for themselves. The direct costs of providing health care for those infected and the indirect costs resulting from the loss of young and trained manpower were soaring.

It was the spectre of those devastating socio-economic consequences that made it imperative to mobilize all peoples, Governments and organizations within and outside the United Nations system to plan and implement effective prevention. Although there were no drugs or vaccines, the international community was not defenceless against AIDS, and during the past several years an enormous amount had been learned about successful, cost-effective strategies and action to prevent HIV transmission. Action to mitigate the devastating socio-economic impact of the disease would be far more difficult, expensive and complicated than prevention, if not indeed impossible.

Since 1987, the United Nations system had endeavoured to coordinate its policies and programmes related to HIV/AIDS and had helped to ensure global, regional and national responses to the epidemic. Coordinating mechanisms had been established to meet that unprecedented challenge, with the Global AIDS Strategy, first elaborated by WHO in 1986, as its framework. WHO strongly encouraged other agencies in the United Nations system to carry out activities in their areas of comparative advantage and expertise within the framework of the Strategy. However, it did not believe that any United Nations agency should have sole responsibility for any specific aspect or dimension of the epidemic: all members of the United Nations family must actively participate and develop the capacity to work intersectorally.

It was at the country level that coordination was particularly essential, and all external support should be directed towards the medium-term plans at that level, reinforcing their approaches and strategies. The WHO/UNDP Global Alliance to Combat AIDS was currently a key framework for ensuring a

(Dr. Merson, WHO)

coordinated response by external agencies. The Alliance called upon UNDP to help ensure a multisectoral response, and on WHO to provide health policy input and to ensure technical consistency.

Since the preparation of the report (E/1992/67), the subject of United Nations coordination had been discussed at meetings of the Governing Council of UNDP, the Executive Board of UNICEF and the WHO/GPA Management Committee (GMC). The latter body had made two recommendations which were of particular relevance to the current discussion, in that it had recognized the Inter-agency Advisory Group on AIDS (IAAG) as the primary body for the exchange of views and programme experience related to HIV/AIDS between United Nations agencies, and had recommended the establishment of an AIDS coordination forum. Work had already begun with partner agencies both within and outside the United Nations system in carrying out those recommendations.

In conclusion, he emphasized that WHO was firmly committed to promoting and facilitating improved coordination of HIV/AIDS-related activities. The challenge facing the United Nations system was to combine the strength and expertise of all its members to mount an effective and coordinated response to the epidemic. The means were already available to prevent AIDS, but the achievement of that goal would require unprecedented levels of commitment both now and in the years to come.

Mr. JI Chaozhu (Under-Secretary-General for Economic and Social Development) said that it was evident from the report of the Secretary-General and from the statement just made that the United Nations system had moved rapidly and in a coordinated manner to meet the challenge of the HIV/AIDS pandemic. The coordination stemmed from the Secretary-General's decision in 1987 to establish appropriate machinery within the United Nations under the supervision of a senior official at the level of Under-Secretary-General.

Given the insidious spread of HIV/AIDS and its potential impact on the already fragile political, social and economic fabric of many developing countries, the study of the implications of the pandemic and the formulation of effective policies and programmes at the national and international levels had become imperative. While prevention should remain the priority task, current projections clearly underlined the real possibility that HIV/AIDS

(Mr. Ji Chaozhu)

might continue to spread into the next century. However, efforts to formulate and implement studies of the socio-economic aspects had thus far produced only limited results, and there was clearly a need for greater coordination among the various parts of the system on that issue.

Vast resources were required for the prevention and control of HIV/AIDS and for programmes to mitigate the consequences. Those resources, however, had either remained stagnant or had been shrinking, and Governments must take into account the potential costs in socio-economic terms of inadequate funding. The need was for a partnership between the United Nations system, the donor community and the developing countries, and he expressed the hope that the Council's deliberations would generate the momentum for such a partnership to flourish in order to ensure that maximum results were achieved in meeting the global threat.

Mr. JOLLY (United Nations Children's Fund) said that UNICEF supported the WHO Global Programme on AIDS and welcomed the background document prepared by WHO. He pointed out that the present figure of 10 million people infected with HIV was expected to rise to 30 or 40 million by the year 2000, and that of those 10 million, 6 million were in Africa. Young people in particular were at risk, and two thirds of all HIV infections occurred in the under-25 age group.

On the question of resources, he noted that for the six-year period from 1985 to 1991, the industrialized countries had spent approximately $780 million on AIDS prevention and care in the developing world, a sum which, although by no means insignificant, represented less than 15 per cent of annual expenditure in the United States alone.

Reducing HIV transmission would require a balance among complementary approaches and actions, with narrowly focused technical measures complemented by non-medical, socially-oriented actions designed to promote mutual fidelity and responsible sexual behaviour, reduce gender disparity, improve the socio-economic status of women and curb sexual exploitation of young people. The social stigma attached to AIDS must be reduced and a supportive

(Mr. Jolly, UNICEF)

environment provided in order to promote voluntary testing and early diagnosis, as well as confidence in the availability of humane health care and social services.

Priority must be given to changing young people's attitudes, as well as the attitudes of societies towards young people. Young women in particular faced a substantially higher risk of HIV transmission, and the transmission rate was especially high for those who left school at an early age. That fact could be directly related to their low economic status and lack of income-generating skills. Even when young women were aware of the risk, they were often not in a position to do anything to reduce it. Social, economic and peer influences were also a factor, and the decisions of young people were often influenced by dependence, coercion or exploitation.

HIV/AIDS prevention activities for young people needed to be shaped at the community level through a thoughtful consensus of the beliefs, approaches and resources of the community, supported by reliable information from the health system. Determined political leadership was necessary for that purpose, particularly in low-prevalence communities where the existence of the pandemic was less evident.

The plight of children orphaned by AIDS must also be addressed. Nearly two out of three children born to HIV-infected mothers would not themselves be infected, but were likely to experience significant hardship and suffering such as interruption of schooling, abject poverty, social stigma, the loss of other family members, and, in some cases, abandonment or exploitation.

The proposed global AIDS coordination forum would be an important vehicle for mobilizing the global community to undertake the socially-oriented measures necessary to contain the AIDS pandemic. The key internationally accepted principles for action were enshrined in the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child. If the global forum was to contribute effectively to implementing those Conventions, it should enjoy the necessary political stature with respect to its composition and its place within the United Nations system.

(Mr. Jolly, UNICEF)

With regard to country-level coordination, the establishment or improvement of mechanisms to strengthen the capacity of national AIDS programmes to coordinate external assistance would be welcome. A greater impact could be achieved in the short and long term by incorporating AIDS prevention components into existing programme resource flows in relevant sectors.

Mr. MAYRHOFER-GRUNBUHEL (Deputy to the Director-General, United Nations Office at Vienna) said that the WHO report offered an excellent overview of United Nations activities in the area of AIDS, and adequately reflected the contribution of the International Drug Control Programme and the social development activities in Vienna. However, he felt that the United Nations system was not fulfilling its potential, and that improved coordination was needed. Some of the major social concerns related to the spread of HIV/AIDS were being addressed in Vienna, including advancement of women, crime prevention and the management of prisons. In addition, the International Drug Control Programme was giving special attention to demand reduction programmes, with particular reference to intravenous drug abuse and HIV/AIDS. The Vienna-based programmes were seeking to relate social issues to the epidemic by developing policies for groups such as prostitutes, prisoners and intravenous drug users, by devising policies on gender inequality, and by studying ways in which social institutions could be mobilized to combat the impact of the epidemic. For those programmes to be truly effective, coordination was needed in terms of both ideas and policy implementation.

With regard to poverty, the Vienna programmes placed special emphasis on individual and community self-help supported by public policy and public services, with a view to promoting effective participation in self-organization. The work of the Centre for Social Development and Humanitarian Affairs also concerned structural aspects of poverty, such as patterns of social organization, customs and ideas, with the long-term aim of achieving changes in society itself as well as in the situation of the population. Young people, the elderly, the disabled and women were of special concern and the overall aim was to promote what might be called "a society for

(Mr. Mayrhofer-Grunbuhel)

all". A further important area of concern was social policy and social protection, with particular reference to the process of economic transformation and adjustment.

If the full potential of the United Nations Office at Vienna was to be exploited, more effective coordination was necessary within the United Nations system as a whole. However, such coordination would be an empty exercise, unless the necessary resources were made available.

Ms. REID (United Nations Development Programme) noted that the UNDP statement on the current item had been circulated in advance. She would therefore confine herself to identifying relevant problems and outlining possible strategies to address them, as requested by a number of delegations.

Two important characteristics of the HIV/AIDS epidemic needed to be acknowledged and understood, since they determined the nature of the response to the problem. Firstly, the epidemic was at the same time both a crisis and an endemic condition. It was a crisis because of the speed of its spread and the toll in human lives that it caused. It was endemic because its impact would continue to be felt for years to come, while there was still no sign of its spread abating or even slowing. Secondly, the epidemic was both a specific and a pervasive problem - specific, in terms of the increasing numbers of people becoming sick and dying, but pervasive in the sense that the repercussions of those deaths would permeate and affect every facet of human life and national development.

In order to deal with those two characteristics, an effective, sustainable and coordinated response was needed. To achieve an effective response, a common understanding of the nature of the epidemic was needed, together with a shared vision of the way forward. Given that the epidemic was a new and complex phenomenon, it was no surprise that such an approach had not yet been achieved. However, both WHO and UNDP placed high priority on coordination, through expert group meetings, informal consultations, exchange of experience, and informal exchanges between communities and Governments, among donors, and within the United Nations system. The recent proposal for a global AIDS coordination forum had been prompted by the same spirit.

(Ms. Reid)

To achieve a sustainable response, it was vital to rank actions in order of effectiveness, since resources were limited. The commitment and contribution of affected individuals and communities were vital for that purpose, particularly in ensuring an appropriate response to the problems and needs created by the epidemic, although additional human and financial resources were necessary. Priority must be given to strengthening national capacity, since demand on resources would grow inexorably for decades to come, and communities and Governments must be in a position to monitor and assess their actions so as to redesign and expand them where necessary.

In order to achieve a coordinated response, mechanisms were needed among the community groups responding to the epidemic, between such groups and Governments, among government ministries, between the public and private sectors, among external support agencies, particularly within the United Nations system, and between donors and recipient countries. Different countries had different capacities and needs, and such mechanisms must therefore be flexible. The resident coordinator had a crucial role to play at the country level in ensuring that coordination was rationalized and strengthened.

UNDP, with its understanding of the complex dynamics of human development, its close relations with resident coordinators, its presence at the country level and its broad experience, had a vital role to play in achieving all the above goals.

Mrs. HELKE (United Kingdom), speaking on behalf of the European Community and its member States, said that although the Secretary-General's report (E/1992/67) set out the broad range of current activities undertaken and planned by the various agencies to combat AIDS, there were some areas, listed in the statement circulated on behalf of the European Community, which might need more emphasis. Duplication of effort among the bilateral and multilateral agencies had weakened the effectiveness of national responses to a problem too serious to risk a waste of scarce resources. The diversity of contributions, while welcome, called for systematic coordination. But coordination committees within the Organization had generally met too infrequently, and their mandates had been too broad. The European Community

(Mrs. Helke, United Kingdom)

and its member States agreed with the four key principles set out in paragraph 60 of the Secretary-General's report, but would add that agencies must subscribe to an agreed set of mechanisms and procedures for coordination at the country level. They also agreed that the revised Global AIDS Strategy provided the overall policy framework.

At the country level, Governments must be responsible for coordinating assistance, and their capacity to do so must be strengthened. United Nations funds and agencies assisting the developing countries' efforts should be guided by national strategies, and should all consult WHO on strategies and monitoring control measures, whether undertaken through the health sector or not. The WHO/GPA Management Committee's recommendation on the need for further work on country-level coordination should be supported. The Management Committee must establish, in consultation with other United Nations funds and agencies, bilateral bodies and non-governmental organizations, mechanisms that went beyond the WHO/UNDP Alliance. It had rightly stressed priority for in-country coordination of external technical assistance.

The European Community and its member States, as members of the governing bodies of the various United Nations funds and agencies, expected the latter to report regularly on the extent to which coordination objectives were being achieved within specified countries, and to agree on remedial procedures where those objectives were not being met. They fully accepted the findings and analysis of the Management Committee's Ad Hoc Working Group on global-level coordination, and were encouraged by the resolutions adopted at the 1992 World Health Assembly and the thirty-ninth session of the Governing Council of UNDP. They looked forward to studying proposals for coordinating activities at the global level within the context of an AIDS coordination forum, to be proposed at a special meeting of the Management Committee in November 1992. The development of suitable mechanisms for that purpose would be an essential factor in traditional donors' future decisions.

Mr. HAMMARSKJÖLD (Sweden), speaking on behalf of the Nordic countries, said that they, too, regretted the late circulation of statements and felt that the agencies should focus more on coordination problems, as they had been encouraged to do.

(Mr. Hammarskjöld, Sweden)

The Nordic countries welcomed the effort to address some of the issues pinpointed by the External Review Committee, including the need to improve inter-agency coordination, support multisectoral programmes in developing countries and achieve the optimum division of labour and collaboration in operational activities at the country level. They generally supported the recommendations of the Ad Hoc Working Group, established at the Management Committee's November 1991 meeting, noting that they coincided to a considerable extent with those in the Secretary-General's report; the latter should have been more explicit about current coordination in the areas of activity described. They also supported the Ad Hoc Group's advocacy of multisectoral AIDS strategies, and endorsed the Group's call for a clear identification of the participating agencies' roles. They were satisfied with the outcome of the meeting with regard to global and country-level coordination, particularly the replacement of hierarchical "leadership" by an emphasis on cooperation and joint responsibility. Likewise, they welcomed recent discussions on those matters in WHO, UNDP and UNICEF, and the emphasis, during the high-level segment of the Council's current session, on the need for coordination on cross-sectoral issues such as HIV/AIDS; they looked forward to the reports on those matters.

Mr. SEZAKI (Japan) said that, in order to address a problem as vast as HIV/AIDS, it was essential to formulate multisectoral strategies and coordinate them globally. In that regard, the Secretary-General's report (E/1992/67) clearly showed how United Nations agencies, led by WHO, had involved themselves in the global effort to prevent and control AIDS; it also provided recommendations for action at the national and global levels. The national AIDS programme should be the principal coordinating mechanism, and all external support should conform to it. At the global level, the framework for coordinating the work of United Nations agencies should be the Global AIDS Strategy; the lead-agency role of WHO should be reaffirmed, in accordance with General Assembly resolution 42/8, and the agencies should give greater priority to AIDS-related activities and show more initiative in coordinating efforts within their own areas of expertise. Coordination should be further

(Mr. Sezaki, Japan)

enhanced in order to utilize available resources better, in view of the resource gap referred to in paragraph 56 of the report.

His delegation paid special tribute to WHO for its contribution to the world-wide effort, and appreciated the work of the WHO/UNDP Alliance to Combat AIDS, an essential tool for coordinating external support to national AIDS programmes. It would appreciate details of the Alliance's current and expected future work as a framework for cooperation. It would also like to know in what way national execution and capacity-building affected resource flows.

As part of its cooperation in the campaign against HIV/AIDS, Japan provided venues for various WHO-organized workshops and had made, since 1988, special annual contributions of US$ 2.5 million to the Global Programme; it had set up the Expert Working Group on AIDS within the framework of the Japan/United States Medical Cooperation Studies; and it had established the Fund for the Promotion of Studies to Combat AIDS. In 1994 Japan would host the Tenth International Conference on AIDS, and the Government firmly intended to continue such contributions to the world-wide effort to control the disease.

As the AIDS pandemic spread, the dissemination of accurate information would grow in importance, as would the need to address the problem's social aspects. It was hoped that all the United Nations agencies concerned, under the leadership of WHO, together with Governments, related international organizations and non-governmental organizations, would intensify their efforts to combat the disease.

Mr. YENEL (Turkey) said he wished to know what the various United Nations agencies and funds were doing to promote awareness of the plight of AIDS victims, especially in the developing countries, bearing in mind that behavioural changes were not just a matter of education but of culture and customs, which meant that a differentiated approach was called for. He also asked what action was being undertaken or planned for the sake of HIV-infected children, including their rehabilitation in society, and how the coordination forum would function in that sphere.

Ms. REID (United Nations Development Programme), referring to the WHO/UNDP Alliance, drew attention to the details contained on pages 4, 5 and 9

(Ms. Reid)

of the text mentioned in her earlier statement. The Alliance was working very well; it had been brought into being in order to meet specific needs and promote a fledgling programme aimed at helping Governments which often lacked the requisite capacity and resources. To that end, UNDP had put all its available resources at the disposal of WHO. WHO-UNDP interaction had evolved as the work had progressed; as a result, a new memorandum of understanding on technical cooperation, pursuant to General Assembly resolution 44/211, was to be signed later in the day. In all the activities, the importance of promoting national response capacity remained paramount.

WHO and UNDP would be jointly responsible for multisectoral policy development, and responsibilities in the field would be clearly delineated, the idea being to involve WHO as the "guardian" of the Global Strategy.

With regard to funding, most UNDP financing was made available through country IPFs, which meant that Governments decided on priorities. At all levels, UNDP funding had increased, some 10 per cent of the total being applied through Global Trust Funds. The relevant figures appeared in the Secretary-General's report (E/1992/67).

As for the effect on resource flows of national execution measures, the intention was that Governments would increasingly manage their own programmes, although still calling on WHO assistance. That trend would probably continue, although national programme execution could remain the exception for several years to come. It could also be seen that other agencies within and outside the United Nations system were applying UNDP funds; ILO and FAO were two examples. Therefore, UNDP funding was likely to increase significantly. Governments in dialogue with UNDP were already allocating, in response to the AIDS pandemic, some 10-25 per cent of IPFs from the fifth cycle.

Mr. HAMMARSKJÖLD (Sweden) said that the decisions taken at the Management Committee's 7th meeting provided a key ingredient for collaboration. He asked whether the various agencies could indicate how they were responding to the resolutions adopted at its 8th meeting, and when their reports would be available; in that regard, he wondered whether the planned AIDS coordination forum had any bearing.

Dr. MERSON (World Health Organization) said that the AIDS coordination forum was currently only a proposal and could not be established prior to discussion at the November 1992 meeting of the Management Committee, at which the Global Programme would be considered also. The proposed forum was intended to focus on specific aspects of the epidemic. In preparations for the meeting, at which country-level participation would be discussed also, WHO had already begun consultations with other members of the Management Committee, which would be meeting extensively during the Council's current session and would formulate, together with the bilateral agencies to be involved later, proposals relating to the forum and to country-level mechanisms. The relevant documentation would be available in good time.

Many agencies were already involved in activities to promote awareness of the plight of AIDS victims. Information campaigns would stress that sexual behaviour was the overwhelming factor in the spread of HIV/AIDS, and would seek to dispel the notion that other aspects, including homosexuality, were major causes. The ample evidence available gave grounds for confidence in the success of prevention campaigns if they were based, inter alia, on the promotion of safe sexual behaviour, focused on a country-level approach which would respect local culture and beliefs, and if there were adequate resources and coordination.

With regard to the plight of children, statistics showed that one in every three born to HIV-infected women contracted the virus, most of them dying before their fifth birthday, and that remaining two thirds soon became orphans. It was of paramount importance, therefore, to concentrate on preventing infection in women. The problem of orphans was of growing concern. By the year 2000, there would be at least 10 million, mostly in sub-Saharan Africa; and the countries of Asia and Latin America would experience similar numbers during the following decade.

The meeting rose at 1.10 p.m.

UNITED NATIONS

E

Economic and Social Council

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Substantive session of 1992

Coordination segment

PROVISIONAL SUMMARY RECORD OF THE 24th MEETING

Held at Headquarters, New York,
on Monday, 13 July 1992, at 3 p.m.

President: Mr. GUERRERO (Philippines)
(Vice-President)

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Coordination of the policies and activities of the specialized agencies and other bodies of the United Nations system related to the following theme:

(b) Prevention and control of HIV/AIDS and programmes addressed to the mitigation of its negative socio-economic consequences (continued)

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In the absence of the President, Mr. Guerrero (Philippines), Vice-President, took the Chair.

The meeting was called to order at 3.20 p.m.

COORDINATION OF THE POLICIES AND ACTIVITIES OF THE SPECIALIZED AGENCIES AND OTHER BODIES OF THE UNITED NATIONS SYSTEM RELATED TO THE FOLLOWING THEME:

(b) PREVENTION AND CONTROL OF HIV/AIDS AND PROGRAMMES ADDRESSED TO THE MITIGATION OF ITS NEGATIVE SOCIO-ECONOMIC CONSEQUENCES (continued) (E/1992/67; E/1992/NGO/1, E/1992/NGO/2, E/1992/NGO/6)

Mr. BACKSTRAND (International Federation of Red Cross and Red Crescent Societies) drew attention to the statement on the global fight against AIDS by the International Federation of Red Cross and Red Crescent Societies contained in document E/1992/NGO/6. The Federation and its national member societies had been closely involved in the fight against AIDS from the beginning of the pandemic. That deep involvement was a result, firstly, of their traditional efforts to improve blood-screening processes in connection with the blood services they provided and, secondly, of their dedication to basic human values, including the protection of human rights and dignity so essential to the fight against AIDS. In all its programmes the Federation focused particularly on the most vulnerable groups in society.

He noted that the projection provided by the Global AIDS Policy Coalition of the number of persons who would have contracted AIDS by the year 2000 was higher than that of WHO. No matter which projection was accepted, all involved in providing aid must invest additional resources and guard against complacency.

The Red Cross/Red Crescent welcomed the updated Global AIDS Strategy and was confident that the same spirit which had prevailed during the updating process would prevail in the future. The Federation believed that the Strategy must be continuously renewed and revised, as needed. Finally, he

(Mr. Backstrand)

emphasized that the Federation and its national societies were ideally placed to assist the most vulnerable groups of society and to cooperate in order to reach the goals highlighted during the current session of the Council.

Mrs. KIMBLE (United States of America) said that United Nations system coordination in addressing the HIV/AIDS pandemic was an unprecedented challenge for the agencies that must cooperate to ensure that scarce resources were used effectively. She cautioned that coordination failures, competition and duplication among agencies, sensitivity and resistance to preventive interventions and slow field delivery still could compromise needed donor support for those critical activities. The external review prepared for the WHO Global Programme on Aids (WHO/GPA) Global Management Committee (GMC) contained constructive recommendations for addressing the problems, and her delegation endorsed the flexible framework for future action recommended in paragraph 60 of document E/1992/67.

Her Government strongly supported the recent decision by GMC to establish an AIDS Coordination Forum, to include the United Nations agencies, the International Bank for Reconstruction and Development and bilateral donors, which would meet regularly to deal with coordination problems. She emphasized that the success of new or existing mechanisms could be measured only by visibly improved results, which her delegation hoped to see within the coming year. The highest priority must be given now to establishing tested, cost-effective preventive strategies, and vital, ongoing research must be concentrated in the most promising areas. The scope of the problem vastly exceeded available resources and those resources must be used to support sustainable strategies.

Her delegation was encouraged by the new memorandum of understanding between WHO/GPA and UNDP with a view to strengthening field-level coordination. That approach could prove beneficial in other United Nations agency GPA relationships. Agencies with narrowly focused mandates, such as UNICEF, none the less had an obligation beyond satisfying the tests of complementarity with broadly designed, multi-sectoral, medium-term plans. To maximize their effectiveness, programmes which targeted vulnerable groups must be integrated into overall HIV/AIDS country plans and evaluated in that context.

(Mrs. Kimble, United States)

Underscoring the importance of eliminating overlapping and duplication among agencies, she said that WHO/GPA had the technical capacity and comparative advantage to focus on research and analytical studies, prioritize such studies and co-design interventions, even those outside the health sector. Rarely, if ever, would other agencies need to use their scarce resources to fund studies. UNDP's field network and national capacity-building strengths must be fully exploited in the design of medium-term plans to ensure that the broad economic and social impact of HIV/AIDS were factored into both longer-term development plans and the design of sustainable community-based interventions.

Member States had provided explicit guidance in the agency governing bodies during the past year regarding the roles and responsibilities they expected the agencies to assume. Her delegation expected the agencies to take action and hoped that the vision of an integrated, coordinated United Nations system described in the Secretary-General's report could be fully realized as quickly and effectively as possible.

Mr. MALONE (Canada) said that his delegation eagerly awaited the imminent presentation of the updated Global AIDS Strategy as a formulation of a shared vision for the public policy response to AIDS nationally and internationally. Unless all the agencies and organizations striving to combat AIDS worked within a common framework towards a common goal, their efforts were likely to be fragmented, inefficient and ineffective. Even granting acceptance of WHO's conservative estimates on the future spread of HIV, the cost of the pandemic in human suffering, social disruption and lost economic productivity would be enormous. Proper coordination was therefore critical to maximize the limited resources available to respond to the pandemic.

Adequate sharing of information and mutual respect for the role, function, mandate, jurisdiction and comparative advantage of each agency involved were further prerequisites for inter-agency programme coordination. His delegation concurred with the findings of GMC and supported its initiatives to improve the coordination of international AIDS programmes. The Council should endorse the process initiated at the eighth meeting of GMC, in particular, the recommendation to establish an AIDS Coordination Forum and the

(Mr. Malone, Canada)

call for a review of the adequacy of current mechanisms to coordinate assistance for AIDS programming at the country level and for further development of coordination mechanisms and instruments. His delegation endorsed the concept that national programme coordination was the sole prerogative of national Governments.

His delegation was encouraged by the WHO initiative to develop a new approach to national medium-term planning for AIDS. Although initial responses to the new multi-sectoral plans being implemented in Thailand, Uganda and the United Republic of Tanzania were positive, it was too early to proclaim success. His delegation also was encouraged by the recent development of operational guidelines for the WHO/UNDP Alliance to Combat AIDS. There still was much room for improvement in national-level coordination among bilateral donors, United Nations agencies, international non-governmental organizations and other contributors to national AIDS programmes.

The establishment of a new coordination forum would not by itself ensure more effective and rationalized coordination. It also was essential to review and limit the mandates of existing committees, and his delegation expected a review of United Nations standing and steering committees on AIDS. It also was essential for the new forum to have sufficiently high-level political support if it was to prove effective.

His delegation was confident that with a strong endorsement from the Council, and with technical guidance from WHO, multilateral, bilateral and non-governmental organizations, working as equal partners, would be able to develop effective and efficient mechanisms for AIDS programme coordination at the global and national levels.

Mr. AMAZIANE (Morocco) said that in view of the fact that a vaccine to prevent AIDS had not yet been developed, it would be worth while to invest more financial resources to promote the role of moral education to encourage abstinence in sexual relations.

Dr. MERSON (World Health Organization) said that thus far no cure or vaccine to combat AIDS was in sight. The most optimistic scenario was that a preventive vaccine might be available by the year 2000.

(Dr. Merson, WHO)

No country, race or religion was spared. Since the risk of becoming infected with AIDS was so closely related to sexual behaviour, it was important to educate people about the risks and about how to prevent infection, for example, by encouraging abstinence, mutual monogamy and the use of condoms. Ninety per cent of the increase in AIDS cases in the past six months had been contracted through heterosexual relations, a trend which would continue.

The PRESIDENT, speaking in his personal capacity, said that there was no place for moral value judgements and that the dignity and human rights of those who suffered from AIDS must be protected. He hoped that a preventive vaccine and cure for the disease would be found, and saw merit in providing education in safe sexual behaviour, just as people were taught basic personal hygiene and good grooming habits.

Ms. REID (United Nations Development Programme) recalled a verse from Deuteronomy in which the faithful were urged, if seeking the commandment of God, not to look up to heaven or across the sea, but to search their own hearts. So it was with the HIV/AIDS crisis. People did not have to look to some external intervention to protect themselves. But simply by changing their behaviour, they could coexist with the virus and be unharmed by it.

The questions of how behaviour was to be changed, and what should be the role of moral teaching in that endeavour, were important ones. Only the individual could change his or her sexual or drug-using behaviours, but it was important for the community to support and value such behaviours as would not lead to infection by HIV. Anything that fostered such community values, clearly, would also encourage those behaviours. She stressed that moral prescripts were not the answer, as they would only be ignored; what was important was the set of behaviours agreed upon by the members of a given community.

Mrs. HELKE (United Kingdom) wondered how external donors could help elicit from communities and Governments a response complementary to their efforts at fighting the HIV/AIDS pandemic. She would be interested to hear the contributions of specialized agencies not yet heard from, such as the United Nations Environment Programme, the United Nations Industrial

(Mrs. Helke, United Kingdom)

Development Organization, the International Labour Organisation, and the United Nations Population Fund; each had no doubt learned enough in the first decade of the crisis to offer guidance for the next. Finally, more effective action might be taken to remove the social stigma attached to HIV/AIDS; in that connection, the Turkish delegation had asked earlier about the human rights aspect of the matter and had not, she thought, received an adequate response.

Mr. DODD (United Nations Population Fund) said that the Executive Director of the Fund had referred to HIV/AIDS prevention in his presentation during the High-level Segment. He reaffirmed UNFPA's commitment to working closely with its sister agencies to develop and refine mechanisms for imposed coordination of AIDS prevention programmes in the context of an overall AIDS strategy.

Ms. DIOP (Observer for Senegal) noted that, in speaking of sexual behaviour, the representative of the World Health Organization had stressed the importance of abstinence, but also of mutual monogamy. In view of the fact that in Senegal 60 per cent of the men were polygamous, she wondered if he could clarify his remarks.

Noting that most speakers had emphasized prevention, she pointed out that AIDS sufferers were dying more quickly and in greater numbers in Africa than in the West. Some villages had been entirely wiped out by HIV/AIDS. More attention should be paid to making resources available to help those already ill.

Dr. MERSON (World Health Organization) said that instead of "monogamy" he should have used the word "fidelity". Clearly, if in a given society a man had two or three wives, all partners must avoid sexual relations with outsiders in order to minimize their risk of infection. Those most at risk were those who had many casual partners.

Caring for AIDS victims was indeed a heavy burden in Africa; in some countries in Africa, 70 per cent of hospital beds were occupied by AIDS patients, half of whom also had active tuberculosis. The focus was on providing care within the community, since most AIDS-related diseases could be treated at home. Africa faced three epidemics: "silent" HIV, which was being

(Dr. Merson, WHO)

countered with prevention; active AIDS, which was being treated with palliative care; and tuberculosis for which active treatment was being provided.

On the question of how external support agencies could facilitate the work of the community, he noted that the International Federation of Red Cross and Red Crescent Societies had played a critical role in community action. Such groups must be included in the global forum, bringing together all contributors to the Global Programme on Aids, which was to meet once a year to review that programme.

The human rights issue was a fundamental one. Governments must recognize discrimination wherever it arose and use their own resources to deal with it. Stigmatization of AIDS sufferers was contrary to good public health practice, as it drove them underground and out of reach of public health information, and Governments must be made aware of that fact.

Mr. MONGBE (Benin) asked the representative of the World Health Organization whether he had statistics on the number of people who had died of malaria as compared to the number who had died of AIDS. Most of Africa's problems stemmed from malaria, which was the disease of poverty. Malaria, like AIDS, weakened the immune system and thus increased the danger of HIV/AIDS infection.

Dr. MERSON (World Health Organization) said that to date between 10 and 12 million persons world wide, about half of them in Africa, had been infected with the HIV virus. Some one and a half million, about a million of whom were in Africa, had gone on to develop AIDS. About a million people died every year from malaria; probably the vast majority of them were Africans. The current session was not intended to gauge the relative seriousness of the two diseases, but to discuss the coordination of AIDS prevention activities. Much time and money was being invested in HIV/AIDS because, unlike malaria, it was 100 per cent fatal, struck young adults preferentially and had devastating social and economic effects. It was hoped, however, that the resources made available were additional to those devoted to other diseases that WHO certainly continued to consider very serious, such as malaria, diarrhoeal diseases and onchocerciasis.

Mr. BACKSTRAND (International Federation of Red Cross and Red Crescent Societies) said that the debate on HIV/AIDS raised questions not ordinarily spoken of at meetings of the Economic and Social Council: human rights, discrimination, the need to change sexual behaviour. Society wished to believe that it could predict life and well-being, but life was unpredictable. The AIDS pandemic was humbling and gave one a greater regard for life, not all of which was within the purview of science.

Mr. RADE (Netherlands) sought further clarification concerning the relationship between the Global Management Committee (GMC) of the World Health Organization Global Programme on AIDS (WHO/GPA) and the Economic and Social Council and asked whether the new arrangements to combat AIDS resulting from the new procedures in the GMC would be considered only at the World Health Assembly (WHA) or by the Council as well.

He noted that the Declaration on the implementation of field coordination of the AIDS programme of the United Nations system contained no reference to the role of the resident coordinators and recalled the repeated calls made during the high-level segment for stronger coordination of the field-level activities of the system under the leadership of a central person, namely the resident coordinator, who could also perform a catalytic role in the implementation of AIDS programmes.

Dr. MERSON (World Health Organization) said that, in its recommendation on country-level coordination, GMC had asked GPA and its partners in the United Nations system, together with the bilateral agencies, to formulate proposals on ways of improving the country-level coordination of United Nations AIDS programmes. Such improved coordination was to build on existing mechanisms, such as the coordinating role of the resident representatives, while looking at new strategies and approaches.

Regarding the relationship between the various bodies, he said that GMC reported directly to the Director-General of WHO, who then reported to WHA. Most members of GMC also attended the Council, either as members or observers, and WHO would be happy, if requested, to report back in 1993 to the Economic and Social Council and to the governing bodies of other United Nations agencies on the outcome of GMC discussions.

Mrs. KIMBLE (United States of America) said that her delegation hoped to hear more on the question of AIDS from the developing countries.

In addition, the United States had been concerned by the conclusion in the statement by UNICEF that redirecting resources through new, more narrowly focused mechanisms was unlikely to be effective, and she wondered whether UNICEF therefore opposed the strengthening of coordination in that area.

Mr. DECOSAS (Canada) said that coordination was ultimately a question of resources and it was therefore essential to know exactly how much money was available. In 1991, US$ 250 million had been set aside in official development assistance (ODA) for AIDS-related programmes, which averaged out at $25 per infected person per year, without allowing for bureaucratic costs, which had probably absorbed more than half the total amount. Of that US$ 250 million, less than half came from the multilateral system; therefore the actual cost of the pandemic was borne by the sufferers and the countries concerned, not by donors and multilateral agencies.

While the agencies' statements on AIDS were interesting and their presentation of a high quality they were somewhat lacking in realism. The bottom line was that, given the scarcity of resources, only small pilot projects were feasible. No significant increase in ODA could be envisaged, hence increased funding for AIDS programmes would have to be offset against other ODA allocations. For that reason, the meagre resources available must be used on worthwhile initiatives: that was precisely where coordination was most urgently required. It was therefore essential to establish exactly what useful contribution the various agencies could realistically achieve.

Responding to a question from the representative of Benin, Dr. MERSON (World Health Organization) said that currently more people died from malaria than from AIDS; however, within five years the number of deaths from AIDS worldwide and in Africa would equal those from malaria.

In Africa AIDS had initially been confined to the urban elite; however, that was also changing and in parts of central and eastern Africa one in three urban adults and one in six rural adults were affected by the disease. He concurred with the representative of Benin, however, in that AIDS was not the only poverty-related disease in Africa; the problem of malaria remained

(Mr. Decosas, Canada)

extremely grave and he stressed the consequent importance of the summit meeting on malaria to be held in Amsterdam in October 1992.

Mr. YENEL (Turkey) asked what procedure was followed when an agency experienced financial problems and its AIDS resources were depleted: did GMC look for another agency to assume that part of the programme?

Ms. DIOP (Senegal) said, with reference to field coordination, that priority should be given to strengthening the support mechanism, particularly in the provision of health services, where UNDP, UNICEF and WHO played a key role. There had been much talk of increasing the role of the resident coordinators but it was unclear how an integrated approach could be achieved or how African countries could rearrange their health priorities in favour of their AIDS programmes when resources were in such short supply. She wondered what steps UNDP, UNICEF and WHO intended to take with a view to strengthening the support mechanisms and achieving an integrated approach which would encompass not only AIDS, but also malaria and other diseases.

Mr. GORELIK (Russian Federation) said that further clarification was required on the respective priorities of the long-term and short-term aspects of the AIDS campaign. In particular, the representative of WHO had said in his statement that all external support for country-level efforts must be directed towards medium-term plans, seemingly implying that WHO had underestimated the need for urgent measures at the country level. Perhaps the WHO representative could indicate what were the short-term priorities in the coordination of AIDS programmes at the country level.

Ms. REID (United Nations Development Programme) said that the representative of the Netherlands had raised a critical question for the Economic and Social Council. If the Council was to play a leading role in coordination and restructuring within the United Nations system it would obviously be the crucial body as far as HIV/AIDS-control coordination was concerned. As to the nature of the United Nations field presence and how to unify it, that was for the Council itself to decide.

UNDP believed that the increased focus on AIDS was in fact constructive. The agencies were sharing responsibilities for AIDS-related issues, and the greater attention given to their activities was actually a kind of supportive monitoring that made a case for the Council's priorities. UNDP was aware that

(Ms. Reid)

HIV/AIDS had to be given priority and required coordination and effective action. As to how UNDP could help with the coordination, a point raised by the United States and Senegal, the first step would be to strengthen the Programme's own AIDS-response capacity. UNDP was an agency in transition: it was moving from being a technical financing agency, a management agency, to being an agency engaged in both management and the substantive work of policy dialogues and the establishment of programmes to improve living conditions. It must therefore devise a better response to AIDS in order to help with national capacity-building and with coordination. The UNDP statement circulated to members outlined the different roles played by the resident representatives in the areas of donor coordination, resource mobilization, programme support, monitoring of financing and advocacy. The latter two were new roles for them and all 114 field officers in 150 countries were still learning what worked with regard to AIDS, a massive task. The Programme was trying to strengthen their performance by using interregional funds for training and materials workshops and the like. One model, which was working well in Senegal and about three other African countries, was to have UNDP act as the lead agency in donor and resource mobilization and programme development while WHO acted as the technical secretariat. As the United Kingdom had observed on behalf of the European Community at the previous meeting, there were many different sets of coordination mechanisms that served in different contexts. The point was to find one that worked; it did not matter which agency was leading the effort.

Canada's comments on ODA flows for HIV/AIDS action needed to be set in context. The total ODA of $54 billion available worldwide did indeed amount to less than $1 per person per month. If one saw ODA as a global safety net, constituting on the average 0.03 per cent of a nation's gross domestic product (GDP), as against the level of spending Governments were willing to devote to national social safety nets, constituting on the average as much as 25 per cent of their GDP, the amount channelled to ODA was miniscule. The AIDS epidemic would probably force Governments to address that shocking disparity. It should be noted that there were problems in general with ODA flows. Countries which were doing the most to address poverty or epidemics

(Ms. Reid)

tended to receive less while those with much higher per capita incomes and the highest military expenditures tended to receive more ODA. However, she herself found Canada's "realism" sad and would not necessarily subscribe to it. Given the two polarities in the AIDS issue, its specificity and its pervasiveness, she believed that most funding flows would be affected by the epidemic and that resources would have to be drawn from all categories and not merely from earmarked funds.

Mr. SHERRY (United Nations Children's Fund), referring to the issue of values promotion and how it related to coordination by the United Nations system, said that traditional values were often a bondage for some members of society, particularly women, and the United Nations needed to devise strategies, as it was in fact doing, that promoted both cultural reinforcement and cultural adjustment when practices ran counter to international human rights norms. The powers of society to change from within were substantial. In that, the United Nations was guided by important conventions such as the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child. The former espoused the principles of the rights of access to health care, including reproductive health care and information, and to economic well-being which, if vigorously implemented, would go a long way towards bringing about the societal changes required to assist in the AIDS epidemic. Similarly, the Convention on the Rights of the Child stipulated access to health services, information, care and shelter, and protection from sexual exploitation, all necessary preconditions to any long-term impact on the epidemic.

AIDS did not affect all equally. While it was true that in Africa men with money had preferential access to the virus, by the same token women and youth without money also had preferential access because of their involvement in the same sexual activities. Malaria, too, had its own preferences and also fell most heavily on the poorest in society.

As to what UNICEF was doing to assist in community-based care and the reasonable request by the representative of Senegal that UNICEF should help to provide an easier death for AIDS sufferers, the common element in achieving both was a destigmatization of AIDS. Data from one African country indicated

(Mr. Sherry)

that 50 per cent of those surveyed would refuse to care at home for a family member. Yet to depend on hospital-based care for AIDS would simply bankrupt an already struggling primary health care system. Action to destigmatize the disease was therefore essential, and at the very least UNICEF should take steps to ensure the care of survivors and the handing down of property, which would help AIDS victims to an easier death.

What made coordination effective was the political will of national leaders who in turn responded to the determination of fellow leaders, particularly at the United Nations. They were the ones who must make youth a priority and promote access to reproductive health services for women and access to communications and media channels for technical leaders. A supportive environment and leadership by example in a collaborative spirit were also necessary. The Governing Council's coordination had been effective up to a point, but as Canada had pointed out, it was no substitute for political leadership and adequate resources, but rather followed upon them.

In the UNICEF statement singled out by the United States, UNICEF had been referring to the distinction between creating new channels for AIDS action and trying to co-opt existing channels and resource flows. It would be an extremely complicated procedure to try to establish separate national AIDS coordination plans and to move all resources through one narrow funnel. UNICEF advocated using existing national channels and incorporating an AIDS dimension into existing aspects of its programming such as primary education, primary health care, the training of traditional birth attendants, health communications, women's programmes and contacts with non-governmental organizations.

As to what happened if one agency ran out of funds for AIDS programmes, unfortunately if they were out of money, they were out of money. There had also been an earlier question regarding pediatric AIDS and what UNICEF was doing. Since most children died before the age of two undiagnosed, all that UNICEF could do was to improve community-level health facilities and family health care so that social services could intervene earlier on - a daunting task.

Dr. MERSON (World Health Organization) said that when the WHO Special Programme on AIDS had first begun in 1987, it had been the primary avenue for AIDS action. At that time the seriousness of the disease had not been recognized. It was now clear where the epidemic was going, and more agencies had become involved. While it was true that only $250 million had been allocated, as Canada had pointed out, that was far more than to any other health problem. AIDS was different from other diseases and as an expanding epidemic it required more resources than any other.

He believed that there was room for improving coordination. In 1987, WHO had thrust beyond its normal way of operating, and as other agencies had joined in, some duplication had occurred at all levels. It was helpful now to focus on that. However, the solution to the coordination issue must be co-ownership by the agencies involved. The WHO/UNDP Alliance to Combat AIDS had always been a remarkable model for cooperation and was in its updated form an even better one.

The most critical element, however, was to have coordination at the country level take place around the medium-term plan of national AIDS programmes. Unless all United Nations partners and bilateral donors supported the medium-term plan, there would be a breakdown in coordination; and unfortunately in many countries, as more agencies had become involved, the medium-term plan had not been endorsed. The GPA Global Management Committee would study the existing mechanisms over the next four months and consider whether there was a need to create new ones. The proposed coordination forum meeting a few times a year to deal regularly at the global level with coordination issues involving funding, programming or policy would also be reviewed.

WHO had a clear role to provide technical and policy leadership in combating AIDS. The world needed consistent information and technical health-policy advice. The coordination strengths of WHO had been outlined in the statement it had circulated to Council members. It certainly had the will to fight the epidemic.

The PRESIDENT observed that AIDS research would for some time to come focus on prevention, on sexual behaviour, rather than on a cure. The important thing was that the six agencies involved should be mobilized, and they were active, despite the limited resources. WHO was taking the lead, although WHO itself urged coordination mechanisms. Government representatives must review the proposed ways of coordinating and perhaps suggest others.

The meeting rose at 6.10 p.m.